

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/069421 FILING DATE

APPLICANT

CLAIMS

CLM	AB. FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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18						
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20						
21		1				
22		1				
23		1				
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26						
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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